

TRENDS IN THE SUPPLY OF CERTIFIED REGISTERED NURSE ANESTHETISTS IN NORTH CAROLINA, 1992-2002

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Background

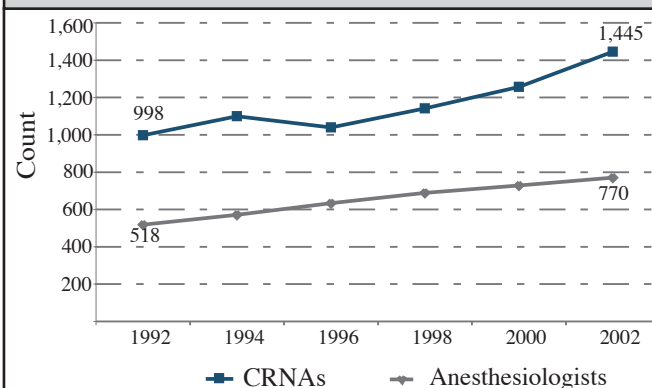
Anesthesia in North Carolina can be administered by either an anesthesiologist (a physician specializing in anesthesia) or a nurse anesthetist (a registered nurse with advanced training in anesthesia). Nurse anesthetists practice in every setting in which anesthesia is administered, including: hospitals, ambulatory surgery facilities, emergency departments, and physician and dental practices. *The Nursing Practice Act* in North Carolina permits qualified nurse anesthetists to perform pre-anesthesia preparation and evaluation, anesthesia administration and maintenance, and post-anesthesia care of patients, in collaboration with a physician, dentist, podiatrist or other lawfully qualified health care provider. Nurse anesthetists may not prescribe medical treatment or make medical diagnoses except under the supervision of a licensed physician.¹ Nurse anesthesia activities can be performed only by a registered nurse licensed by the North Carolina Board of Nursing, who is both a graduate of a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs and credentialed as a Certified Registered Nurse Anesthetist (CRNA) by the Council on Certification of Nurse Anesthetists.

Supply of Anesthesia Providers in North Carolina

In 2002, there were 1,445 CRNAs actively practicing in the state; this represents less than 2% of the registered nurse (RN) workforce in North Carolina. Twice as many CRNAs are in practice as anesthesiologists, yet growth rates over the last 11 years have been similar for both professions. From 1992-2002, there was a 48.6% increase in the number of anesthesiologists (from 518 to 770) compared to a 44.8% increase in the number of CRNAs (from 998 to 1,445) [Figure 1].

Growth in the supply of CRNAs has been faster in metropolitan counties than in non-metropolitan counties since 1992 (46.7% and 37.4%, respectively), while growth in the supply of anesthesiologists has shown the opposite trend. Anesthesiologist supply has increased more rapidly in non-metropolitan North Carolina counties (76.8%), compared to a rate of 43.3% in metropolitan counties. In 1992, the ratio of CRNAs per anesthesiologist was much higher in rural areas (2.5) than in urban areas (1.8).

**Figure 1. CRNAs and Anesthesiologists
North Carolina, 1992-2002**



¹ North Carolina Administrative Code, 21 NCAC
36.0226 Nurse Anesthesia Practice